

CLAIMS ONLY						Application Number <i>10/849,030</i>	Filing Date*	
						Applicant(s)		
<i>Han107</i>								
* May be used for additional claims or amendments.								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			4					
Total Depend			18					
Total Claims			22					